PART B - FEE(S) TRANSMITTAL

Complete and send it is form, together with applicable fee(s), to: Mall Mall Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (87)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate, All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and including the patent of the patent pat

indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new or maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)							
				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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BANNER & WITCOFF, LTD. 1100 13th STREET, N.W. SUITE 1200				I hereby certify that this Fee(s) Transmitsion I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being flacsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
WASHINGTON, DC 20005-4051				(Depositor's name)			
			Г			(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/568,433	08/08/2006		Gilles Pain		010180.00049	9995	
TITLE OF INVENTION: I	DERIVATIVES OF H	T DROXAMIC ACID AS	METALLOPROTEINA	SE INTIBITORS			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/25/2010	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS] .			
JARRELL, NOBLE E		1624	514-252120				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.593). Change of correspondence address (or Change of Correspondence Address form PTOSB/122) attached. Tee Address' indication (or "Fee Address" Indication form PTOSB/47; Rev 03-02 or more recent) attached. Use of a Custemer Number is required.			2. For printing on the pattern front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of naighe firm fluving as a member a registered attorney or agend) and the names of up to listed, to name will be printed, seems 1 to name is 3				
(A) NAME OF ASSIGN Vernalis (Ox	ran assignce is identi 137 CFR 3.11. Comp EE (ford) Limited 3 Serono S.A.	fied below, no assignee letion of this form is NO	data will appear on the p I a substitute for filing an (B) RESIDENCE: (CITY Great Switz:	atent. If an assigne assignment. Y and STATE OR CO Britain erland	e is identified below, the de DUNTRY) poration or other private gro		
4a. The following fee(s) are ☑Mssue Fee ☑Mpublication Fee (No s ☐ Advance Order - #of	mall entity discount p		h. Payment of Fee(s). (Please first reapply any previously paid issue fee shown above) A check is enciosed. Payment by credit card. Form PTO-2038 is attached. Either Director is bereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Depoids Account Number 9_2-0/23				
 Change in Entity Status a. Applicant claims SI 	MALL ENTITY statu	s. See 37 CFR 1.27.			ENTITY status. See 37 CF		
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Authorized Signature			Date 7 1 10				
Typed or printed name Susan A. Wolffee Registration No. 33,568							
This collection of informatic an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandra, Virgi Alexandria, Virginia 22313-					public which is to file (and mutes to complete, including ments on the amount of tir rademark Office, U.S. Depa SEND TO: Commissioner fi splays a valid OMB control		